

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
SDNY PRO SE OFFICE
2021 MAY 24 AM 9:38

PAUL Brown

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

New York City, Department
of Corrections

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☐ Violation of my federal constitutional rights

☐ Other: Civil and Human Rights

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

<u>Paul</u>		<u>Brown</u>
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

1411905041

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

AMKC-C95 (Rikers Island)

Current Place of Detention

18-18 HAZENst E. Elmhurst

Institutional Address

<u>Queens Ny</u>	<u>Ny</u>	<u>11370</u>
County, City	State	Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☒ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Rikers Island

First Name

Last Name

Shield #

Corrections Facility

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 2:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 3:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 4:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: OBCC & AMCC-C95

Date(s) of occurrence: from 12-20-2020 until now

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

The Nature of my claim is the obvious Disregard of the Social Distance Rules placed in the Terms of Rikers Island, Our Human Rights are being violated everyday and have been since the Enforcement of Social Distancing began on this Island, and the Higher Ups ~~stating~~ cover and over we don't have Social Distance in jail. From the beginning of the "Covid out Break" up until now there has been NO Social Distance, NO testing, NO PPE Distributed to any Detainee. The maximum number of Detainees is supposed to be 25 or 30, we are now at the number of 43 which means we are over the allowed persons in this Area. Being an Asthmatic my Health is at Risk at an all time High During my incarceration and everyday new people off of the street put myself and others At Risk of Contracting this "Virus" or "Variants" During the Second wave third and maybe even fourth wave my Cry for help have been ignored so this is my next course of Action How is it the whole world can Social Distance themselves ~~and~~ but not Rikers Island

Our Lives Are AS Important as the People making these Rules, or the People who are in charge of these facilities with the power to enforce the social distance Rules Why should we be forget about or treated less than because we are incarcerated.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Being an asthmatic I'm in fear for my life

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I am looking to be compensated in the Amount of \$10,000,000 for the blatant Disregard of my human Rights During a Pandemic.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

April-22-2021
 Dated
PAUL
 First Name
18-18 HAZENST E. Elmhurst
 Prison Address
Queens Ny
 County, City
Brown
 Plaintiff's Signature
 Last Name
Ly
 State
11370
 Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 4-22-2021

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
COUNTY OF BRONX) ss:

I, PAUL Brown, being duly sworn deposes and says:

That I Swear and Affirm that I will, within three business day, placed and submitted the original and copies of this motion, 1983 Civil Action, to be duly mailed via the United States Postal Service, through the institutional mailroom of AMTC C95, Rikers Island located at 18.18 Hazan Street, East Elmhurst, New York 11370. These moving papers were mailed to the following concerned parties listed below:

(PB) ~~Supreme Court~~ U.S. Southern District Court (PB) ~~District Attorney~~, United States
County of _____ County of _____

500 Pearl St New York
Ny, 10007, 1312

One St. Andrews Plaza
New York, Ny 10007

(PB) ~~Defense Counsel~~
Pro Se, Plaintiff
cc'd:

Respectfully Submitted,

Paul Brown
DEFENDANT
Plaintiff

Sworn to before me this
21st day of April, 20 21.

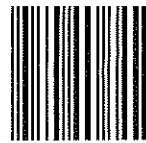
Mark Duke
NOTARY PUBLIC / COMMISSIONER OF DEEDS

MARK DUKE
Notary Public - State of New York
No. 01DU6343741
Qualified in Kings County
My Comm. Expires June 20, 2024

Brown, P 1411905041 (ProSe)
18-18 HAZAN³⁸ E. Elmhurst
Queens Ny 11378



1000



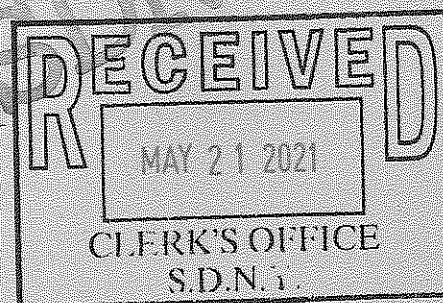
10007

U.S. POSTAGE PAID
NYC LG ENV
ELMHURST, NY
11373
MAY 19, 21
AMOUNT
\$7.85
R2303S104052-9



RETURN RECEIPT
REQUESTED

US. Southern District of New York
500 Pearlst New York
Ny, 10007, 1312



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Pro Se JKR

